

## COVID-19 Screening/Testing Tracking Form

See reverse for instructions for use and indications for rationale.

**Place on front of patient health record to allow for a quick view of patient's COVID-19 status**

Date	Screening Tool	Symptoms	Type of Precautions	Swabs	Elective Swab Offered	Rationale/Comments	Initials
	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	<input type="checkbox"/> Symptomatic <input type="checkbox"/> Asymptomatic	<input type="checkbox"/> Droplet/Contact Plus <input type="checkbox"/> Droplet/Contact <input type="checkbox"/> None	<input type="checkbox"/> Sent <input type="checkbox"/> Not Sent	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input type="checkbox"/> Unable to offer		
Date	Result	Changes to Type of Precautions:		Rationale for Precaution Changes:			Initials
	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	<input type="checkbox"/> Droplet/Contact Plus <input type="checkbox"/> Droplet/Contact <input type="checkbox"/> Removed					
Date	Screening Tool	Symptoms	Type of Precautions	Swabs	Elective Swab Offered	Rationale/Comments	Initials
	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	<input type="checkbox"/> Symptomatic <input type="checkbox"/> Asymptomatic	<input type="checkbox"/> Droplet/Contact Plus <input type="checkbox"/> Droplet/Contact <input type="checkbox"/> None	<input type="checkbox"/> Sent <input type="checkbox"/> Not Sent	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input type="checkbox"/> Unable to offer		
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	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	<input type="checkbox"/> Droplet/Contact Plus <input type="checkbox"/> Droplet/Contact <input type="checkbox"/> Removed					

**FAX this form to receiving department PRIOR TO sending patients and when any changes are made to type of precautions.**

## COVID-19 Screening/Testing Tracking Form Instructions for use:

- **Begin a new section for each screen performed. If a swab is sent, add the results to the appropriate section once the results are received.**
- **Complete all pertinent columns on the form every time the patient is:**
  - **Screened (initial upon admission)/Re-screened (change in symptoms)**
  - **Tested/Re-tested**
  - **Offered testing/Unable to offer testing for medical reasons (LOC)**
  - **Results received from lab**
  - **Any change to precautions**
- **Include rationale for the following:**
  - **Positive screen and/or symptomatic but NOT placed on precautions or NO swab sent:**
    - **(i.e. MRP determines symptoms are related to underlying medical condition and patient will not be tested or isolated)**
  - **Any change or removal of precautions**
  - **Unable to offer testing.**
- **Place initials in the box beside each appropriate response, AND initial and record designation in the far right column for each entry**
- **The tracking form(s) should be placed on the very front of the patients' chart with screening tool(s).**
- **Update 'COVID Screening' Columns on SCM to ensure information is up to date and consistent with this form.**
- **FAX a copy of this form and the most recent screening tool to the receiving department:**
  - **PRIOR to sending the patient for a test/procedure, and**
  - **When changes are made to the type of precautions they are on (patients awaiting tests in outpatient areas).**
- **Send the chart with the patient to all outpatients departments**
- **FAX the following prior to transferring or discharging a patient to another facility:**
  - **COVID-19 Screening/Testing Tracking form**
  - **Most recent screening tool**
  - **COVID-19 test results**